EVIDENT CHANGE
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SDM® FSNA POLICY AND PROCEDURES MANUAL

North Carolina Department of Health and Human Services Division of Social Services

April 2026

ABOUT EVIDENT CHANGE

Evident Change is a nonprofit that uses data and research to improve our social systems. For more information, call (800) 306-6223 or visit EvidentChange.org. You can also find us on social media by visiting Linktr.ee/EvidentChange.

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KEY TERMS

CARETAKERS AND HOUSEHOLDS

CARETAKER

In this tool, "caretaker" includes:

- Parents, guardians, and custodians; and
- Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting.

  A person responsible for a juvenile's health and welfare means:

  » A stepparent;

  » Foster parent;

  » Potential adoptive parent when a juvenile is visiting or as a trial placement;

  » An adult member of the juvenile's household;

  » An adult entrusted with the juvenile's care when the following circumstances are considered:

  – The duration and frequency of care provided;
  – The location in which that care is provided; and

  – The decision-making authority granted to the adult.

  » Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential childcare facility or residential educational facility; or

  » Any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services (DHHS).

DETERMINING PRIMARY AND SECONDARY CARETAKERS

The person you select as the primary caretaker must be one with legal responsibility for the child. If two caretakers in the home have legal responsibility, the one providing the most care is the primary caretaker. If both legal caretakers provide precisely 50% of care, select the alleged perpetrator as the primary caretaker. If both are alleged perpetrators, select the caretaker contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, choose either.

It is possible that there will not be a secondary caretaker.

If the child's legal parents live in separate households, *each* household will have a primary (and possibly secondary) caretaker who is residing in that household.

HOUSEHOLD

The definition of household helps to determine who should be included on a Structured Decision Making® (SDM) assessment.

Household is not a dwelling; it's a group of people or set of relationships. In the SDM® system, all adult residents who have a significant degree of parental-type responsibility for the child and are entrusted with the child's care are part of the household and should be included in the SDM assessment. This may include nonfamilial persons who have an intimate relationship (partner/significant other) with a caretaker. Caseworkers should consider the duration and frequency of care and the decision-making authority granted to determine whether another adult besides the primary caretaker should be considered a household member. Households do not include those who are paid to look after a child (babysitters, etc.).

WHICH HOUSEHOLDS TO ASSESS

SDM assessments are completed only on households with an allegation of abuse or neglect. Assess the household of the caretaker who is the subject of the investigative or family assessment. Caseworkers should interview the child and, to the best extent possible, engage with every adult who plays an important role in the child's life, but adults included on the SDM assessments must meet the household definition described above.

A child may be a member of more than one household, and household configurations can change over the life of a case.

When caretakers reside in separate households, caseworkers should not complete a safety and risk assessment for households without a maltreatment allegation. However, caseworkers must complete an in-person visit to the non-allegation home, discuss the current allegations regarding child safety with any caretaker(s) there, and assess the caretaker's ability to provide a safe home for the child when they visit.

CHILD

Anyone under the age of 18, with the exception of those who have had a legal emancipation.

FAMILY FUNCTIONING

Caretaker behavior that supports strong family communication, creates strong relationships across family members, and increases child well-being.

CHILD WELL-BEING

A child's growth, development, and participation in different parts of their life. Includes their health, safety, emotions, education, and relationships with important people in their life.

SDM FAMILY STRENGTHS AND NEEDS ASSESSMENT

North Carolina Department of Health and Human Services

R: 04–26

Family/Case Name: _____ **Family/Case Number:** _____

Assessment Date: _____ **County:** _____

Caseworker Name: _____ **Household Assessed:** _____

SECTION 1. CARETAKER STRENGTHS AND NEEDS ASSESSMENT

Primary Caretaker Name: _____

☐ Secondary **Secondary Caretaker Name:** _____

A. HOUSEHOLD CONTEXT

Family Perspectives Important to Caretakers

Family perspectives may be systems of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. These systems may refer to a family member's race, ethnicity, tribal affiliation, religious or spiritual affiliation, disability, or other social identity that reflects the family's unique characteristics. See Appendix A for more detail on how to have these conversations.

Which of these are important to the family?

Connecting Traditions, Values, Personal Characteristics, and Caregiving/Parenting

It is crucial to consider the perspectives of individuals in the household as you partner to develop a Family Case Plan. Allow the family to describe in their own words how their perspectives, traditions, values, personal characteristics, norms, and past and current experiences may influence caregiving or affect household functioning.

- How do all of the above influence or shape the caretaker's beliefs about parenting or child-rearing?
- How do all of the above influence or shape the caretaker's actions with their children?

B. CARETAKER STRENGTHS AND NEEDS DOMAINS

Indicate whether the caretaker's behaviors in each domain are (a) a strength in relation to family functioning, (b) neither a strength nor a barrier to family functioning, or (c) a barrier to family functioning.

SN1. Emotional/Mental Health

PRIMARY	SECONDARY	ANSWERS
○	○	a. No mental health concerns, or all mental health concerns are being managed effectively
○	○	b. Occasional struggles with little to no impact on family functioning
○	○	c. Mental health symptoms that impact family functioning

SN2. Caretaking Skills and Practices

PRIMARY	SECONDARY	ANSWERS
○	○	a. Strong caretaking practices
○	○	b. Moderate caretaking practices that have little to no impact on family functioning
○	○	c. Limited caretaking practices that impact family functioning

SN3. Substance Use

PRIMARY	SECONDARY	ANSWERS
○	○	a. Demonstrates healthy knowledge and behaviors related to substance use and ensures there is no impact on family functioning
○	○	b. No substance use, or some substance use with little to no impact on family functioning
○	○	c. Substance use that negatively affects family functioning

SN4. Basic Physical Needs

PRIMARY	SECONDARY	ANSWERS
○	○	a. Able to meet child's basic needs
○	○	b. Able to meet some basic needs with little to no impact on family functioning
○	○	c. Not able to meet child's basic needs, leading to a negative impact on family functioning

SN5. Resource Utilization

PRIMARY	SECONDARY	ANSWERS
○	○	a. Able to access and utilize resources well
○	○	b. Sometimes struggle to access or utilize resources with little to no impact on family functioning
○	○	c. Are unable to access or are improperly utilizing resources, and this is having a negative impact on family functioning

SN6. Household Relationships

PRIMARY	SECONDARY	ANSWERS
○	○	a. Supportive relationships
○	○	b. Stressors present with little to no impact on family functioning
○	○	c. Household relationships are disruptive to the point that they impact family functioning.

SN7. Domestic Violence

PRIMARY	SECONDARY	ANSWERS
○	○	a. Actively models and ensures nonviolence in the household and/or is not currently in a violent relationship
○	○	b. Stressors present with little to no impact on family functioning
○	○	c. Domestic violence impacting family functioning

SN8. Social Support System

PRIMARY	SECONDARY	ANSWERS
○	○	a. Strong support system
○	○	b. Adequate support system
○	○	c. Limited or no support system

SN9. Physical Health and Wellness

PRIMARY	SECONDARY	ANSWERS
○	○	a. Is in excellent physical health, and/or preventive health care is practiced
○	○	b. Has some health concerns or disabilities with little to no impact on family functioning
○	○	c. Has health concerns or disabilities that impact family functioning

SN10. Coping Skills

PRIMARY	SECONDARY	ANSWERS
○	○	a. Uses coping skills in challenging situations to overcome difficulties
○	○	b. Inconsistently uses coping skills in challenging situations, leaving them sometimes unable to move forward productively or proactively
○	○	c. Has shown few to no coping skills

SN11. Challenging Child Characteristics

Select all that apply to any child in the home. *Each child with one or more of these characteristics will require completion of a child strengths and needs assessment (SNA).*

- ☐ Atypical development
- ☐ Emotional or behavioral challenges
- ☐ Physical health or disability
- ☐ Educational challenges
- ☐ Strained family relationship
- ☐ Substance use
- ☐ Unhealthy social relationships
- ☐ Justice system involvement
- ☐ Mental health concerns
- ☐ Suspicion or presence of commercial sexual exploitation

PRIMARY	SECONDARY	ANSWERS
○	○	a. Caretaker proactively responds to challenging child characteristics; no impact on family functioning.
○	○	b. No challenging child characteristics; or caretaker can manage identified challenging child characteristics despite some minor impacts on family functioning.
○	○	c. Caretaker has significant struggles in responding to challenging child characteristics, resulting in impact on family functioning.

SN12. Other Identified Family Strength or Need (not identified in SN1 – SN11)

PRIMARY	SECONDARY	ANSWERS
○	○	a. A caretaker has a significant strength not identified in SN1 – SN11 that actively helps create safety, permanency, and child well-being.
○	○	b. Not applicable (N/A)—no strength or need other than those identified in SN1 – SN11
○	○	c. A caretaker has a need not addressed in SN1 – SN11.

Describe other identified strength or need:

C. PRIORITY NEEDS AND STRENGTHS

All items answered "c" should be considered for inclusion in the Family Case Plan. In the following table, enter the item number and name of all of the needs ("c" answers) for each caretaker. Then, identify which are a priority for case closure (no maximum). Include all needs prioritized for case closure in the Family Case Plan.

STRENGTHS AND NEEDS

"C" ANSWERS	ITEM NUMBER AND NAME	CARETAKER	PRIORITY FOR CLOSURE
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No

Enter the item number and description of all strengths ("a" answers) for each caretaker. These can be used to address the priority needs identified above.

STRENGTHS

"A" ANSWERS	ITEM NUMBER AND NAME	CARETAKER	INCLUDE IN FAMILY CASE PLAN
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No
		○ Primary ○ Secondary ○ Both	○ Yes ○ No

SECTION 2. CHILD STRENGTHS AND NEEDS ASSESSMENT

Repeat this section for each child in the household where a child SNA is required by policy. See policy and procedures section for details.

Child Name: _____ **Child Birth Date:** _____

Perspectives Important to Child: ○ N/A. Child is too young to assess.

CONNECTING TRADITIONS, VALUES, AND PERSONAL CHARACTERISTICS

It is crucial to consider the perspectives of individuals in the household as you partner to develop a Family Case Plan. Consider and describe how the child's perspectives, family traditions, values, personal characteristics, norms, and past or current experiences that are important or relevant to this child.

A. CHILD STRENGTHS AND NEEDS DOMAINS

Assess and answer each item, taking into account the child's perspective, observations, collateral contacts, and available records. Refer to accompanying definitions to determine the most appropriate response.

CSN1. Family of Origin Relationships

○ N/A. Child is too young to assess.

CHOICE	ANSWERS
○	a. Nurturing and supportive relationships
○	b. Adequate relationships
○	c. Strained or challenging relationships

CSN2. Social Relationships and Skills

○ N/A. Child is too young to assess.

CHOICE	ANSWERS
○	a. Strong social relationships and skills
○	b. Moderate social relationships and skills
○	c. Limited or negative social relationships and skills

CSN3. Relationships With Caretakers

○ N/A. Child is not in care.

CHOICE	ANSWERS
○	a. Nurturing relationships with most or all caretakers
○	b. Adequate relationships with most or all caretakers
○	c. Strained or challenging relationships with most or all caretakers

CSN4. Physical and Cognitive Development

CHOICE	ANSWERS
○	a. Advanced development
○	b. Development as expected by age and no concerns or needs
○	c. Challenges with development that impact the child's well-being

CSN5. Emotional/Behavioral Health

○ N/A. Child is too young to assess.

☐ Child has a diagnosed mental health concern. *Regardless of whether this is selected, select one of the following options.*

CHOICE	ANSWERS
○	a. Strong emotional adjustment
○	b. Developmentally appropriate and expected challenges to emotional adjustment
○	c. Significant and/or frequent emotional challenges that impact the child's well-being

CSN6. Physical Health

CHOICE	ANSWERS
○	a. Preventive health care is practiced.
○	b. No known physical health needs are present, or they are present but do not impact child well-being.
○	c. Physical health needs impact child well-being.

CSN7. Substance Use

○ N/A. Child is too young to assess.

CHOICE	ANSWERS
○	a. Actively chooses an alcohol- and drug-free lifestyle
○	b. No sustained substance use/some experimentation
○	c. Alcohol or other drug use that affects the child's well-being

CSN8. Life Skills

○ N/A. Child is too young to assess, or life skills will be assessed with a different assessment.

CHOICE	ANSWERS
○	a. Consistently able to function independently
○	b. Sometimes able to function independently
○	c. Not prepared or unable to function independently

CSN9. Education/Employment/Day Program

○ N/A. Child is too young to assess.

☐ Child has an individualized educational program (IEP).
☐ Child has a behavior support plan.
☐ Child is required by law to attend school but is not attending.

CHOICE	ANSWERS
○	a. Exceptional academic and/or employment performance
○	b. Satisfactory academic and/or employment performance
○	c. Difficulties in academic and/or employment performance

CSN10. Other Identified Child Strength/Need (not addressed in CSN1 – CSN9)

CHOICE	ANSWERS
○	a. A child has a significant strength that actively helps them create safety, permanency, and well-being for themself not identified in CSN1 – CSN9.
○	b. N/A—no strength or need other than identified in CSN1 – CSN9
○	c. A child has a need not addressed in CSN1 – CSN9.

Describe other identified strength or need:

B. PRIORITY NEEDS AND STRENGTHS

Enter the item number and description of all of the most serious needs ("c" answers) from items CSN1 – CSN10 for each child. All items with a "c" should be considered for inclusion on the Family Case Plan. All items that are priorities for case closure must be included in the Family Case Plan.

Needs

"C" ANSWERS	ITEM NUMBER AND NAME	PRIORITY FOR CLOSURE
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No

Use the following table to identify child strengths ("a" answers) from items CSN1 – CSN10 that can contribute to addressing the priority needs identified above.

Strengths

"A" ANSWERS	ITEM NUMBER AND NAME	INCLUDE IN THE FAMILY CASE PLAN
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No
		○ Yes ○ No

SDM FAMILY STRENGTHS AND NEEDS ASSESSMENT DEFINITIONS

North Carolina Department of Health and Human Services

SECTION 1. CARETAKER STRENGTHS AND NEEDS ASSESSMENT

A. HOUSEHOLD CONTEXT

Family Perspectives Important to Caretakers

Family perspectives may be systems of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. These systems may refer to a family member's race, ethnicity, tribal affiliation, religious or spiritual affiliation, disability, or other social identity that reflects the family's unique characteristics.

Keep in mind that family members may be affiliated with multiple systems or groups, and what matters most to a person's self-image may shift with different contexts. For example, a caretaker who has a disability may strongly connect to that characteristic in certain situations, while in other situations their religious affiliation may be more relevant.

Connecting Traditions, Values, Personal Characteristics, and Caregiving/Parenting

Consider how the family's traditions, values, personal characteristics, norms, and past and current experiences may influence caregiving or affect household functioning.

In particular, consider:

- How the caretaker identifies themself demographically;
- Any past or current experiences that are important or relevant to this caretaker; and
- Any coping skills, strengths, and survival skills this caretaker has developed or demonstrated in facing challenging situations.

How do all of the above influence or shape the caretaker's beliefs about parenting or child-rearing?

Consider the areas listed previously. Talk with the caretaker, get their impressions, and describe how these factors shape the caretaker's beliefs about parenting.

How do all of the above influence or shape the caretaker's actions with their children?

Consider the areas listed previously. Talk with the caretaker, get their impressions, and describe how these factors impact caretaker's actions with their children.

B. CARETAKER STRENGTHS AND NEEDS DOMAINS

Each of the following areas represents a significant area of family functioning that may support or impede a family's ability to maintain the safety, permanency, and well-being of a child. There may be some overlap or interaction between areas (e.g., a need in the area of substance use may affect caretaking practices, resource management/basic needs, and/or other areas of functioning). With this in mind, assess the caretaker's functioning in each area as it relates to their ability to effectively provide for the child's safety.

Indicate whether caretaker's behaviors in each domain are (a) a strength in relation to family functioning, (b) neither a strength nor a barrier to family functioning, or (c) a barrier to family functioning.

SN1. Emotional/Mental Health

Emotional/mental health refers to a wide range of concerns that affect mood, thinking, and behavior. The caretaker may have mental health concerns that do not rise to the level of diagnosis but nonetheless affect family functioning.

Examples include depression, anxiety, and personality disorders. Symptoms can vary from mild to severe.

When assessing a caretaker's mental health, consider whether the caretaker has any diagnosed or suspected mental health conditions AND if their mental health affects their ability to parent and protect the child.

a. No mental health concerns, or all mental health concerns are being managed effectively

The caretaker has no mental health concern, OR mental health concern is present and the caretaker demonstrates the ability to manage it effectively. Caretaker demonstrates realistic, logical judgment and healthy responses that are consistent with circumstances. Caretaker understands their own mental health needs and is effectively meeting them in ways that do not interfere with their ability to provide

care. Caretaker demonstrates ability to think about what child needs, and caretaker has acquired the knowledge needed to respond to child's needs.

b. Occasional struggles with little to no impact on family functioning

Caretaker may struggle from time to time but is able to manage so that child does not experience significant stress, worry, or unmet needs as a result of caretaker's known or suspected mental health conditions. For example, caretaker may experience some depression or anxiety, but they are managing through medication, therapy, or self-help so that while child may be aware, child is not significantly worried; and caretaker's mental health condition does not interfere with caretaking.

c. Mental health symptoms that impact family functioning

Caretaker's mental health directly impairs their ability to function in one or more critical areas (e.g., employment, education, provision of food and shelter, maintenance of hygiene or living environment), and this has affected the child's well-being in ways including but not limited to the following.

- Caretaker displays mental health symptoms, including but not limited to depression, low self-esteem, or apathy. Caretaker has difficulty dealing with situational stress, crises, or problems.
- Caretaker is often overwhelmed or distracted and unable or unwilling to care for the child.

Examples of impact on child include but are not limited to the following.

- Child may worry about how caretaker is managing their mental health, to the extent that it interferes with their participation in school or community life.
- Child may assume caretaking responsibilities for self or siblings.
- Child's physical or emotional needs may be unmet due to caretaker emotional/mental health incapacity.

SN2. Caretaking Skills and Practices

Caretaking practices include knowledge, skills, and abilities demonstrated by the caretaker. Consider this item as it relates to caretaking approaches with all children in the household.

Note: Safe caretaking may be demonstrated differently in different families. For example, in some families, overt displays of affection or a caretaker engaging in physical play with the child may be frowned upon. This should not be interpreted as unsafe caretaking unless there is evidence that this behavior is harmful to the child.

Note: If a need is identified in this domain for at least one child in the household, this item should be answered as "c."

a. Strong caretaking practices

Caretaker consistently demonstrates exceptional caretaking approaches or practices by providing a nurturing relationship with child. Examples include but are not limited to the following.

- Displaying an unconditional positive regard for child and healthy attachment, reflected in child developing a trusting relationship with caretakers even when child is angry or struggling.
- Teaching a specific skill through modeling and direct experience that promotes development and a sense of identity.
- Partnering with the child through conversation that leaves the child with a clearer sense of their own identity.
- Being aware of and responsive to child's cues, in tune with each child's stage of development, and actively involved in child's care.

b. Moderate caretaking practices that have little to no impact on family functioning

Caretaker displays safe parenting approaches or practices that are specific to the children's age and development. Caretaker demonstrates non-harmful discipline, communication, protection, education, attachment, and nurturing. There are no observed or expressed concerns about child's basic care and protection.

- Caretaker periodically spends time with child, supports child when child is upset, and lets child know that they are loved and valued.
- Caretaker is sometimes responsive to child's cues, sometimes in tune with each child's stage of development, and sometimes actively involved in child's care.

c. Limited caretaking practices that impact family functioning

Caretaker demonstrates challenges in one or more areas of parenting; or the caretaker engages in parenting patterns or practices that impair or interfere with family communication, the ability to create strong relationships across family members, and the ability to increase child well-being.

This can include unrealistic expectations and gaps in parenting skills or poor knowledge of age and developmental levels as they relate to disciplinary methods. Other caretaker behaviors include but are not limited to:

- Isolates at least one child from positive extended family, friends, and/or community;
- Is not actively involved in or is indifferent toward child's care;
- Is physically or sexually abusing a child;
- Has a history of severe or excessive discipline that caused or could have caused injury;
- Has unrealistic expectations of child; and

- Describes child in derogatory terms.

Note: Any concern of physical or sexual abuse that has occurred during current child welfare involvement warrants a selection of "c" for this item; AND caseworkers should ensure that if the child remains in the home, the safety plan is addressing these concerns.

SN3. Substance Use

Includes alcohol, illegal drugs, and prescription drugs that are used not according to prescription.

a. Demonstrates healthy knowledge and behaviors related to substance use and ensures there is no impact on family functioning

Caretaker has no history of problematic substance use (whether or not caretaker uses alcohol or legal drugs), OR caretaker may have a history of problematic substance use but is in sustained recovery.

AND

Caretaker actively promotes a healthy, addiction-free lifestyle and environment for their children. If caretaker has a history of problematic substance use, they are able to take responsibility for it and recognize its impact on the family.

b. No substance use, or some substance use with little to no impact on family functioning

Caretaker may have a history of problematic substance use or may currently use alcohol or drugs; however, caretaker's use does not negatively affect parenting and overall life functioning (e.g., home, community, employment), and caretaker stores substances and paraphernalia in a safe location out of the reach of children. This item includes abstinence.

c. Substance use that negatively affects family functioning

Caretaker abuses alcohol, cannabis, prescription drugs, or illicit drugs, which has led to a negative impact on their parenting or other critical family functions (e.g., the substance use affects family relationships, employment, health, legal, financial). Caretaker needs support to understand the impact of problematic substance use and how to better manage their alcohol or drug use. Examples include but are not limited to:

- Leaving substances within reach of children;
- Driving under the influence with children in the vehicle; or
- Exposing children to adults who pose a threat to them through heavy impairment, use of weapons, sales of drugs, and/or drug trafficking.

SN4. Basic Physical Needs

Consider the caretaker's ability to provide for child's basic needs (food, clothing, shelter, healthcare, etc.). Selecting this is not an indication of the caretaker's willingness to meet these needs; just their ability given their economic and community context.

a. Able to meet child's basic needs

The caretaker is able to consistently provide for the child's basic needs (food, clothing, health care, and shelter) or is able to find needed assistance to ensure all of their child's basic needs are met. There is no negative impact on family functioning as a result.

b. Able to meet some basic needs with little to no impact on family functioning

The caretaker is able to partially meet the child's basic needs (food, clothing, health care, and shelter). This may mean there are occasional financial or economic stressors that create difficulties, but there is no indication that the lack of these needs has had a negative impact on family functioning.

c. Unable to meet most of their children's basic needs, and this is having a negative impact on family functioning

The caretaker struggles to meet child's basic needs (food, clothing, health care, and shelter) and this is having a negative impact on family functioning. Examples include but are not limited to:

- Inoperable plumbing, heating, or wiring, causing an imminent threat of harm to the child;
- Lack of sufficient food, food is regularly spoiled, leading to family members who are malnourished;
- Child chronically presents with clothing that is not appropriate for weather conditions, or in poor repair to the extent that the child experiences physical harm (e.g., rash from soiled clothing, frostbite from inappropriate clothing)

SN5. Resource Utilization

Consider the caretaker's ability to access and make use of available community and financial resources when needed. Resources to be considered here include but are not limited to governmental, nonprofit, and community supports family can access in times of hardship, such as the following.

- Unemployment benefits
- Supplemental Nutritional Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Women, Infants, and Children program (WIC)

- Food banks, housing assistance, local health clinics

a. Able to access and utilize resources well

The caretaker has the ability to problem solve and proactively seek and use any needed financial and community resources to meet the family's ongoing needs.

Examples include but are not limited to the following.

- The caretaker has demonstrated the ability to seek out financial and community resources when needed.
- The caretaker may have limited income but is able to consistently secure assistance independently (e.g., use of food pantries, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program/food stamps, Medicaid, WIC).

b. Sometimes struggle to access or utilize resources with little to no impact on family functioning

The caretaker has had difficulties either identifying resources or utilizing resources well, but there is no indication that child's basic needs (food, clothing, healthcare, and shelter) are of concern.

Examples include but are not limited to the following.

- Caretaker has struggled to identify or successfully apply for financial supports.
- Caretaker is unaware or unable to access needed resources that are available within their community (food banks, health clinics, etc.).
- Caretaker has been able to successfully apply for financial supports but is inconsistent in using those resources to meet family needs.

AND

All of these have had little to no negative impact on the family to this point.

c. Are unable to access or are improperly utilizing resources, and this is having a negative impact on family functioning

Caretaker is unable to access resources to meet family needs OR severely mismanages available resources, which results in persistent, unmet basic care needs for the family.

Examples include but are not limited to the following

- Caretaker has been unwilling or unable to identify or apply for financial supports.

- Caretaker is unwilling or unable to access needed resources that are available within their community (food banks, health clinics, etc.).
- Caretaker consistently leaves child or family basic needs unmet while using resources for other priorities.

AND

All of these are having a negative impact on the child and family health or well-being.

SN6. Household Relationships

Include relationships between caretakers and other adults in the household, including intimate relationships. Do not rate presence or absence of physical violence or intimidating or controlling behaviors in this item; use SN7 instead. Select "b" if the caretaker is the only adult household member.

a. Supportive relationships

Caretaker and other household members have and demonstrate healthy and supportive interpersonal relationships, including positive communication, shared agreements, mutual respect, empathy, and safe conflict resolution that support household functioning.

b. Stressors present that do not impact family functioning

Stressors are present, but the household is coping despite some disruption of positive interactions. Caretaker and other household members have relationships that do not adversely affect household functioning.

OR

The caretaker is the only adult household member.

c. Household relationships are disruptive to the point that they impact family functioning.

Caretaker and other household members experience relationships that negatively impact household functioning, including but not limited to the following.

- Persistent and severe conflict among household members that results in the child's needs being unmet; or child is in danger of being seriously harmed, physically or emotionally.
- Custody and visitation are characterized by frequent conflicts.
- Caretaker's pattern of adult relationships creates significant stress in the household.

SN7. Domestic Violence

Domestic violence is defined as violent or abusive behavior or threats of violence by someone to gain and maintain power over, control, and/or harm a member of their family or someone with whom they have or have had an intimate relationship. These relationships include but are not limited to current and former spouses; common-law or dating partners; and immediate or extended family members by blood or marriage, such as grandparents or stepparents. These relationships may occur between adults regardless of the nature or status of the relationship—the adults may be currently or formerly married, cohabitating, dating, or otherwise in a close personal relationship. This does not include violence between a caretaker and a minor child.

Forms of violence include physical abuse, sexual abuse, emotional abuse, financial abuse, and neglect. This violence may consist of a single act of violence or abuse, or a number of acts that form a pattern of abuse.

a. Actively models and ensures nonviolence in the household and/or is not currently in a violent relationship

Caretaker actively works to teach and/or demonstrate nonviolence in the household. This could include caretakers with no history of family violence in relationships who have taken proactive steps to ensure a nonviolent household environment.

OR

Caretaker may have a history of violent relationships, and they have developed new patterns of behavior and consciously choose relationships that are not violent.

OR

The caretaker is not currently in a relationship that includes violence, threats or intimidation, or controlling behavior.

b. Stressors present with little to no impact on family functioning

The caretaker is or has been in a relationship that includes a minimal degree of threats, intimidation, or controlling behavior; but the child is unaware and/or untroubled AND has not experienced harm. This may be due to caretaker engaging in treatment, counseling, and/or victim empowerment services.

c. Domestic violence impacting family functioning

Caretaker has ended a violent relationship but has not gained an understanding or demonstrated insight about the impact of violence on themself and their children nor developed behaviors to prevent repeating violence.

OR

Caretaker is currently in a relationship characterized by violence or a pattern of threats, intimidation, or controlling behavior and has not gained an understanding of the impact of the violence on themself and their children.

SN8. Social Support System

A social support system is a network of individuals or organizations who provide concrete support (e.g., financial help, transportation, babysitting) or emotional support such as listening or giving advice. Members of the social support system may include but are not limited to religious organizations, community organizations, professional providers, friends, and extended family. Intimate partners of household members are not considered part of the social support system.

a. Strong support system

Caretakers regularly engage with an extensive mutual support system. A mutual support system means that caretaker is able to engage in providing support to members of their support network and is able to access support from members when needed. Caretaker is able to seek out and use supports when appropriate. Caretakers interact with extended family, friends, religious, and/or community supports or services that provide a wide range of resources. The family engages these resources, or resources proactively help the family address problems.

b. Adequate support system

As needs arise, caretaker uses extended family; friends; elders; and spiritual, religious, and community resources to provide support and/or services such as childcare, transportation, housing, supervision, parenting and emotional support, and guidance. Caretaker has a sufficient social support system and is able to get tangible or emotional support when needed; OR caretaker is able to maintain child safety despite lack of or minimal social support.

c. Limited or no support system

Caretaker has a limited, inconsistent, or dysfunctional support system or is refusing to use available support and/or services (e.g., extended family, community resources, other supports), which results in child's needs not being met. Examples include but are not limited to the following.

- The support provided either contributes to child distress or adversely impairs the caretaker's ability to create long-term safety.
- Caretaker does not use or make arrangements for alternative childcare and as a result either leaves child unattended in an unsafe situation or stays with child but loses control and hurts child.

- While providing concrete support, support system member encourages caretaker to participate in activities that are harmful to the child.

SN9. Physical Health and Wellness

When assessing caretaker's physical health and wellness, consider whether caretaker has any diagnosed or suspected physical health conditions AND whether these conditions affect caretaker's ability to care for and protect the child.

a. Is in excellent physical health, and/or preventive health care is practiced

Caretaker has no current physical health concerns that affect family functioning. Caretaker proactively seeks preventive physical health care for self and family. Caretaker promotes a healthy lifestyle that includes obtaining proper nutrition, physical activity, and recreational activities to promote overall health and well-being.

b. Has some health concerns or disabilities that do not impact family functioning

Caretaker has no current physical health concerns that affect family functioning. Caretaker accesses regular health resources for self-care (e.g., medical or dental), or caretaker is in good health and is physically able to meet most of child's health and well-being needs. Caretaker may have a medical condition but is consistently able to meet child's needs (e.g., caretaker has mild or well-controlled lupus and is able to participate in most of child's activities, and child is not experiencing a sense of loss).

c. Has health concerns or disabilities that impact family functioning

Physical health concerns or disabilities are present and caretaker is not addressing or acknowledging them, resulting in a significant impact on family functioning and/or child's health and well-being.

SN10. Coping Skills

Coping skills include but are not limited to the ability to deal with and adapt to unexpected adversity and crises in a productive and/or proactive manner.

a. Uses coping skills in challenging situations to overcome difficulties

When presented with adverse circumstances, caretaker consistently demonstrates healthy and adaptive coping skills to solve problems.

b. Inconsistently uses coping skills in challenging situations, leaving them sometimes unable to move forward productively or proactively

Caretaker demonstrates responses that are consistent with current life circumstances. Caretaker may experience occasional challenges in coping with challenges, but these do not have a lasting impact on family functioning.

c. Has shown few to no coping skills

Caretaker has significant or chronic difficulty dealing with stress, crises, or challenges; AND this affects OR impairs functioning in areas such as parenting or meeting child's basic needs.

SN11. Challenging Child Characteristics

Select the listed characteristics that are present for any child in the household. Base your selection on the characteristic being present, not based on need. If a child characteristic is selected, identify the specific children this characteristic is present for and complete a child SNA on each of those children.

Atypical development

Any child in the home is diagnosed with developmental delays OR is suspected to have developmental delays.

Emotional/behavioral challenges

Any child in the home has significant emotional AND/OR behavioral challenges (e.g., frequent disruption in school, self-harm, aggression toward others).

Physical health or disability

Any child in the home has a physical health condition OR physical disability (e.g., asthma, diabetes, cerebral palsy, cystic fibrosis, infant who requires additional medical treatment, medically fragile child).

Educational challenges

Any child in the home has significant struggles at school either behaviorally OR academically (e.g., child has an IEP, child has a 504 plan, child is regularly truant, the family is frequently receiving reports from the school related to the child's behavior).

Strained family relationship

Any child in the home has family relationships characterized by frequent arguments and tension.

Substance use

Any child in the home uses alcohol OR illegal drugs or abuses prescription drugs.

Unhealthy social relationships

Any child in the home has social relationships that are not age appropriate OR are characterized by frequent discord; OR child is isolated AND has no social relationships.

Youth justice system involvement

Any child in the home is involved in the youth justice system.

Mental health concerns

Any child in the home has a diagnosed OR suspected mental health concern.

Suspicion or presence of commercial sexual exploitation

Any child in the home has been a victim of commercial sexual exploitation.

Note: Follow standard assessment and practice procedure for these situations.

a. Caretaker proactively responds to challenging child characteristics; no impact on family functioning.

Challenging characteristics are identified in one or more children in the household, AND caretaker demonstrates an understanding of the child's needs. Caretaker takes a proactive approach to address and plan for their individual needs such that there is no impact on household functioning related to the identified characteristics.

b. No challenging child characteristics; or caretaker can manage identified challenging child characteristics despite some minor impacts on family functioning.

Either no child characteristics are identified in the household, OR one or more children may have a need in at least one of these areas. Caretaker demonstrates an understanding of child's needs and can address them so there is only minor impact on household functioning.

c. Caretaker has significant struggles in responding to challenging child characteristics, resulting in impact on family functioning.

Child characteristics are identified in the household, AND the child's identified needs are unmet to the point that family functioning is negatively affected.

SN12. Other Identified Family Strength or Need (not identified in SN1 – SN11)

a. A caretaker has a significant strength not identified in SN1 – SN11 that actively helps create safety, permanency, and child well-being.

A caretaker has an exceptional strength and/or skill that has a positive impact on their ability to care for self, child, and/or family. This strength is something the family can build on to achieve progress in identified need areas. Provide a description.

b. Not applicable (N/A)—no strength or need other than those identified in SN1 – SN11

Caretakers have no other area of strength or need relevant for creating a Family Case Plan that affect their ability to care for self, child, and/or family that is not already addressed in SN1 – SN11.

c. A caretaker has a need not addressed in SN1 – SN11.

The caretaker has a need that affects their ability to care for self, child, and/or family. The family would benefit from services and support to address the need.

Provide a description.

SECTION 2. CHILD STRENGTHS AND NEEDS ASSESSMENT

PERSPECTIVES IMPORTANT TO CHILD

Perspectives important to the child may be systems of shared actions, values, beliefs, and traditions that guide the behavior of families and communities. These systems may refer to a family member's race, ethnicity, tribal affiliation, religious or spiritual affiliation, disability, or other social identity that reflects the family's unique characteristics.

Keep in mind that family members may be affiliated with multiple systems or groups, and what matters most to a person's self-image may shift with different contexts.

N/A. Child is too young to assess.

Child's developmental stage makes it impossible to ask about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

Connecting Traditions, Values, and Personal Characteristics

Consider the family's traditions, values, personal characteristics, norms, and past or current experiences that are important or relevant to this child.

In particular, consider:

- How the child identifies themself demographically;
- Any past or current experiences that are important or relevant to this child; and
- Any coping skills, strengths, and survival skills this child has developed or demonstrated in facing challenging situations.

How do all of the above influence or shape the child?

A. CHILD STRENGTHS AND NEEDS DOMAINS

CSN1. Family of Origin Relationships

"Family of origin" refers here to the group of people who cared for child before this most recent child welfare contact with the Division of Social Services (DSS).

N/A. Child is too young to assess.

Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

a. Nurturing and supportive relationships

Child experiences positive interactions with family members. Child has sense of belonging within the family. Caretaker defines expectations in ways appropriate for child's development level, has clear boundaries, and supports child's growth and development with respect to the family's values and identity.

b. Adequate relationships

Child generally experiences positive interactions with family members and feels safe and secure in the family despite the presence of some family conflicts.

c. Strained or challenging relationships

Family stress, conflict, or violence interferes with or distorts child's sense of safety and security. Family has difficulty identifying and resolving conflict. Child may experience stress, conflict, or violence (including unsafe boundaries), which impairs their ability to develop family relationships and significantly impacts their development.

CSN2. Social Relationships and Skills

N/A. Child is too young to assess.

Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

a. Strong social relationships and skills

Child participates in and enjoys a variety of constructive, age-appropriate social activities; enjoys reciprocal, positive relationships with family, friends, peers, and others; and has a strong support

network. Demonstrates empathy and/or altruistic behavior. Youth avoids peer relations and social activities that involve alcohol and other drugs, gangs, or criminal behavior.

b. Moderate social relationships and skills

Child maintains stable relationships with family, friends, peers, and others and has a basic support network; occasional conflicts are able to be resolved. Child has friends to play with. Youth behaves within accepted ranges in their community.

c. Limited or negative social relationships or skills

Child has a limited support network of family, friends, peers, or others; OR the child demonstrates minimal skills in making or maintaining relationships with others; OR the child's support network regularly engages in antisocial or criminal activity.

Examples include but are not limited to a child who:

- Isolates and spends the vast majority of their time by themself;
- Has conflicts that may be frequent or serious and that they are unable to resolve; or
- Participates in criminal or illegal activities in the community.

CSN3. Relationships With Caretakers

N/A. Child is not in care.

Complete this item only if child is in care. Child may be cared for in foster home, group home, kinship placements, and other out-of-home placements.

a. Nurturing relationships with most or all caretakers

Positive interaction between child and caretakers; child is supported and feels a sense of attachment, identity, and belonging in the placement.

b. Adequate relationships with most or all caretakers

Child describes current situation as safe, caretakers and child have generally positive interactions, and child asks for and accepts support from caretakers.

c. Strained or challenging relationships with most or all caretakers

Stress, conflict, or violence interferes with the placement and limits positive relationships and interactions. Child may experience high family conflict as normal (including inappropriate or inadequate boundaries), which impairs child's ability to develop appropriate relationships in the placement.

CSN4. Physical and Cognitive Development

For children younger than 3 years old, any identification of need on this item requires that a referral to Early Intervention be made using the DSS-5229.[1] At any time that a caseworker or a caretaker expresses some concern about how a child is developing, contact your local Children's Developmental Services Agency (CDSA) for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office at (919) 707-5520 or your local CDSA.

a. Advanced development

Child shows indicators of physical and cognitive development that are above chronological age level and/or demonstrates functioning that is assessed as above average.

b. Development as expected by age and no concerns or needs

Child's physical and cognitive skills are consistent with expectations by chronological age, and/or child has been assessed as functioning within the expected range.

c. Challenges with development that impact the child's well-being

Child is not meeting developmental milestones and/or has been diagnosed with a physical or cognitive delay.

[1] For more information on this, see the North Carolina Infant Toddler Program description. Additional information on developmental milestones here. This site offers a developmental screening tool that may be used by families or any staff working with the child.

CSN5. Emotional/Behavioral Health

N/A. Child is too young to assess.

Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

Child has a diagnosed mental health concern

Indicate if child has a diagnosed mental health condition.

a. Strong emotional adjustment

Child demonstrates positive social interactions, emotional regulation, and age-appropriate protective behaviors (e.g., advocating for themself, actively participating in therapeutic services, reaching out to supports and accessing them when needed). Child displays strong coping skills in dealing with crises, trauma, disappointment, and daily challenges and is able to develop and maintain trusting relationships and to identify the need for, seek, and accept guidance. A baby or young child exhibits mostly settled behavior, routine feedings, and sleeping patterns and demonstrates strong attachment. Note: Child with overly compliant behavior that is secondary to trauma does not fit into this category.

b. Developmentally expected challenges to emotional adjustment

Child experiences developmentally expected challenges in response to difficult situations; and these challenges do not often interfere with school, family, or community functioning. Child may demonstrate some short-term depression, anxiety, anger, or withdrawal symptoms related to current or recent events and is accepting of help to address these. Child maintains appropriate emotional control. Child has developed some internal control and protective behaviors and behaves in an age-appropriate manner in social situations. A baby or young child's behavior is within the wide range of normal behaviors for sleep patterns; eating patterns; engagement and response to peers, adults, and new situations; and separation from caretakers and siblings.

c. Significant and/or frequent emotional challenges that impact the child's well-being

Child displays mental health symptoms which may include but are not limited to symptoms of depression, somatic complaints (headaches, shortness of breath, stomach pain, etc., with no medical cause), hostile behavior, withdrawal, or apathy. Child may display significant symptoms of grief or loss related to family of origin. Child may struggle with post-traumatic stress. Child may exhibit frequent or severe behavior challenges (e.g., disobeying rules, lying, inappropriate sexual behavior, aggressive or

violent behavior), with these challenges having some impact in their life (e.g., loss of a friend; difficulties with or inability to participate in a setting such as school, daycare, peer social groups, teams, clubs, home, foster home; not invited to activities). Baby or young child, more often than not, cannot be settled or soothed and/or demonstrates harmful self-soothing behaviors (e.g., head banging); regularly demonstrates other behaviors such as little or no eye contact, apathy, or limited interest in activities or play.

CSN6. Physical Health

a. Preventive health care is practiced.

Child is physically healthy, participating daily in active play or athletics. Child understands and demonstrates an interest in maintaining their own physical health. Child has no known health conditions. Child receives routine preventive medical, dental, and vision care and immunizations.

b. No known physical health needs are present, or they are present but do not impact child well-being.

Child is within the wide range of expected physical health. Child may have temporary and/or chronic medical conditions that are well managed without frequent medical appointments and that have little to no impact on child's daily functioning.

c. Physical health needs impact child well-being

Child has medical, dental, or vision needs that require care. Child has one or more conditions that impair their functioning in one or more settings (e.g., school, daycare, peer group, teams, clubs, home, foster home) and require frequent medical care.

CSN7. Substance Use

N/A. Child is too young to assess

Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

a. Actively chooses an alcohol- and drug-free lifestyle

Child does not use alcohol or drugs. Child demonstrates an understanding and awareness of the consequences of substance use. Child avoids peer relations and social activities that involve alcohol and other drugs and/or chooses not to use substances despite pressure and/or opportunity to do so.

b. No sustained substance use/some experimentation

Child may have tried or been exposed to alcohol or other drugs, but there is no indication of sustained use. Child has not demonstrated history or current problems related to substance use, and there is little to no impact on child well-being.

c. Alcohol or other drug use that affects the child's well-being

Child's use of alcohol or drugs results in significant changes to their well-being and to their behavior in important areas of their life.

This may include but is not limited to:

- Withdrawal from activities;
- Changes to school performance;
- Deterioration in community, family, or work relationships; and/or
- Problems with law enforcement and/or physical harm to self or others.

CSN8. Life Skills

Life skills include self-care activities (e.g., washing, cleaning) and household-care activities (e.g., keeping a house clean, preparing food for self). These skills are typically needed by young people with a goal of Alternative Planned Permanent Living Arrangement (APPLA) and independent living.

N/A. Child is too young to assess or will be assessed with a different assessment because they are 14 years old or older and in permanency.

- Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

OR

- Child is age 14 or older and in permanency. In this situation, this item does not need to be completed, and staff should instead complete the required life skills assessment.

a. Consistently able to function independently

When needed or when required to do so, youth demonstrates life skills that allow them to function independently. Youth demonstrates life skills and readiness for independent living.

b. Sometimes able to function independently

Youth demonstrates age-expected life skills and is able to function independently from time to time. Youth would require support for a successful transition to APPLA or independent living.

c. Not prepared or unable to function independently

Youth does not demonstrate life skills that would be expected for their age; some self-care areas are within the age-expected range, but others significantly impact their ability to function independently.

CSN9. Education/Employment/Day Program

Child is too young to assess.

Child's developmental stage makes it impossible to inquire about this with the child. Note that many children will be able to talk about these things if approached in developmentally appropriate ways (e.g., sitting with the child at their level, engaging in drawing or scaling questions); consider whether these are possible before selecting this item.

Child has an individualized educational program (IEP)

Child's capacity to learn is compromised by a cognitive, social–emotional, behavioral, or physical condition; AND child has an IEP designed to address these needs.

Child has a behavior support plan

Child's ability to learn is interrupted regularly by their own challenging behaviors; and, as a result, they have a behavior support plan put in place by their school.

Child is required by law to attend school but is not attending

Child is of school age in North Carolina but is refusing to attend.

a. Exceptional academic and/or employment performance

Child regularly attends school, employment, or other expected programs and is working above grade level or expected developmental level by age in most areas. Youth not enrolled in school is engaged in fulfilling employment.

b. Satisfactory academic and/or employment performance

Child is performing at grade level in education and continues to demonstrate progress, learning, and improved skills; or child is performing below grade level but has made and is making use of appropriate supports to address their needs. Youth in school may or may not have part-time employment. Youth not attending school is employed.

c. Difficulties in academic and/or employment performance

Examples of challenges include but are not limited to the following.

- Child is not satisfactorily performing or engaged with their education, employment, or other programs.
- Child is below grade-level literacy or numeracy level and requires supports and services to make progress or close the gap.
- Child's academic or employment functioning indicates a need for psychosocial and/or educational assessment and/or services that are either not yet identified or not yet available.
- Child has had a lack of continued progress, learning, or improved skills during the last assessment and Family Case Plan review period, regardless of current level.
- Child struggles with rules, behavioral expectations, or authority in school or employment setting and needs some intervention or support to achieve education or employment goals.

CSN10. Other Identified Child Strength/Need (not addressed in CSN1 – CSN9)

a. A child has a significant strength that actively helps them create safety, permanency, and well-being for themself not identified in CSN1 – CSN9.

Child has an additional strength or skill not already assessed in CSN1 – CSN9 that has a positive impact on their functioning.

b. N/A—no strength or need other than identified in CSN1 – CSN9

Child has no other area of strength or need identified.

c. A child has a need not addressed in CSN1 – CSN9.

Child has a need not already assessed in CSN1 – CSN9 that affects their and/or their family's functioning.

Provide a description.

SDM FAMILY STRENGTHS AND NEEDS ASSESSMENT POLICY AND PROCEDURES

North Carolina Department of Health and Human Services

The family strengths and needs assessment (FSNA) has two sections: A caretaker SNA section to evaluate strengths and needs that caretakers encounter when trying to provide safety, permanency, and well-being for their children and a child SNA section to more holistically assess children receiving ongoing services from DSS. This assessment is used with caretakers and children to collaboratively identify critical family needs that should be addressed in the Family Case Plan. The FSNA serves several additional purposes.

- It ensures that all caseworkers consistently consider each family's strengths and needs objectively when assessing the need for interventions that aim to improve child outcomes.
- It provides a guide to support collaborative assessment for development of Family Case Plans by caseworkers, supervisors, and family members that assists in identifying key areas of need and strengths and resources that can be used to increase child safety.
- The initial FSNA, when followed by periodic reassessments, permits family members, caseworkers, and their supervisors to assess changes in family functioning together and thus assess the effects of their work together over time during the Family Case Plan service period.
- In the aggregate, data from the FSNA provide management with information on the problems families face. These profiles can then be used at the agency and/or statewide level to develop resources to meet family needs.

WHICH CASES

SECTION 1. CARETAKER STRENGTHS AND NEEDS ASSESSMENT

All cases where a decision has been made to provide child protective services (CPS) In-Home or out-of-home services. Complete on the caretakers of origin in the **maltreating** household; do not complete on kinship homes, residential treatment providers, or licensed family foster parents. In cases involving domestic violence, caseworkers will complete a separate FSNA for each caretaker.

Updates to the Caretaker SNA are also required; see When section.

In-Home

There are two circumstances when a child is transferring to In-Home services in which the child SNA should be completed.

1. All cases transferring from a family assessment or investigative assessment to In-Home where the caseworker selected one of the challenging child characteristics on the FSNA. A Child SNA should be completed on each child that a challenging child characteristic was selected for.
2. A Child SNA should be completed for all children where the child is staying with a temporary safety provider (TSP) when the case transitions to In-Home.

Permanency

The child SNA should be completed on all children who are brought into care.

Updates to the child SNA are also required; see When section that follows.

WHO

When they are required, the initial caretaker SNA and any initial child SNAs MUST be completed by the assessment caseworker even if the investigation/assessment is not yet complete. Subsequent caretaker and child SNAs should be completed by the in-home or permanency caseworker who is assigned to the case.

WHEN

IN-HOME

Caretaker SNA

Initial

Prior to transferring an investigative or family assessment to In-Home services.

Updates

- Every 90 days to inform the Family Case Plan update.
- Any time changes in the case would impact family's needs.
- Within 30 days of case closure. If the case is going to be closed and there are still identified needs, refer to community services that can help address need.

If at all possible, a caretaker SNA should be completed in conversation with a caretaker. Caseworkers can consider using Appendix B to assist with this. Caretaker identified needs should also be addressed within the Family Case Plan.

Note: If a new report is made to Assessments on an open case in In-Home, a new FSNA must be completed by Assessments in order to reach a case decision.

Child SNA

Initial

- Prior to transferring a case from assessment to In-Home services when a caseworker selected one of the challenging child characteristics (completed only on the children with those challenging child characteristics identified).
- When a challenging child characteristic is selected on an update of the caretaker SNA.
- Prior to transferring a case from assessment to In-Home services when the child is with a TSP (completed on all children placed with the TSP).

Updates

- Every 90 days to inform the Family Case Plan update when the children are with a TSP or children previously had a child SNA completed due to challenging child characteristics.
- Any time a supervisor or caseworker believes that the structured child SNA process would be useful or new information becomes known that immediately affects child's needs (e.g., child becomes involved with juvenile justice system, school reports substantial behavioral challenges).

PERMANENCY

Caretaker SNA

Initial

Prior to transferring an investigative or family assessment to out-of-home services.

Updates

- Every 90 days to inform the Family Case Plan update.
- Any time changes in the case would impact family's needs.
- Within 30 days of case closure. If the case is going to be closed and there are still identified needs, refer to community services that can help address need.

Child SNA

Initial

Prior to transferring an investigative or family assessment to out-of-home services (on all children brought into care).

Updates

- Every 90 days to inform the Family Case Plan update.
- Any time a supervisor or caseworker believes the structured child SNA process would be useful.
- Any time new circumstances or new information becomes known that would immediately impact the child's needs (e.g., child becomes involved with juvenile justice system, school reports substantial behavioral challenges).

DECISION

Identifies the priority needs of caretakers and all needs of children that must be addressed in the Family Case Plan. Goals, objectives, and interventions in a Family Case Plan should relate to one or more of the priority needs.

Identifies a family's priority strengths, which should be incorporated into the Family Case Plan to the greatest extent possible, as a means to address identified needs.

SDM FAMILY STRENGTHS AND NEEDS ASSESSMENT COMPLETION INSTRUCTIONS

North Carolina Department of Health and Human Services

Section 1 of the FSNA focuses on items that relate to the caretaker, Section 2 is for items that focus on the child. Both sections begin with questions that are important in informing both empathetic and nonjudgmental practice and data collection for evaluation purposes. Do your best to engage caretakers and children to gather the most accurate information. Remember, "unasked" is different from "unknown." Directly ask each question that you do not already have answers to at this stage, and verify any information that may have been entered based on assumptions. Reference Appendix A for further guidance on preparing for and engaging in conversations with families about their identity and family perspective.

Familiarize yourself with all questions on the tool, including the 12 caretaker areas and the 10 child areas of the FSNA and the corresponding definitions. You will notice that the areas cover topics that you are familiar with, with the difference being that the responses to the items in this assessment should lead to specific Family Case Plan goals and objectives.

Once you are familiar with the areas that must be assessed to complete the FSNA, conduct your assessment and conversations with the family as you normally would, using good Safety-Organized Practice skills to collect information from the child, caretaker, and/or collateral sources.

Each of the areas in the assessment represents a significant area of family functioning (for the caretaker assessment) or child well-being (for the child assessment) that may support or impede a family's ability to maintain children's safety, permanency, and well-being. There may be some overlap or interaction between areas (e.g., a need in the area of substance use may affect parenting practices, resource management may affect basic needs and/or other areas of functioning). With this in mind, assess the caretaker, and, if needed, child functioning in each area as it relates to their strengths and needs.

In this assessment, there are three possible responses that generally fit this pattern.

a. **A strength in relation to family functioning/child well-being.** Caretakers with a response of "a" have demonstrated skills or use of resources in this area. Children with a response of "a" are exhibiting strong well-being. Any identified strengths should be considered when developing Family Case Plan goals and objectives.
b. **Is neither a strength nor barrier related to family functioning/child well-being.** Caretakers with a response of "b" may experience a degree of stress or struggle but are adequately functioning in this area. Children with a response of "b" may have some concerns to address but are adequately functioning in this area.

c. **A barrier to family functioning/child well-being.** Caretakers with a "c" response have a need that has a significant impact on family functioning. Children with a "c" response have a concern that is significantly impacting their well-being. All items with a "c" should be considered for inclusion on the Family Case Plan. All items that are priorities for case closure must be included in the Family Case Plan.

When answering, consider the entire scope of available information, including the family's perspective, information from collateral sources, existing records and documents, and caseworker observations. Often, different sources will suggest different responses (e.g., father stated he has no problem with alcohol but has had two DWIs in the last year, mother stated she believes he is an alcoholic, a court-ordered substance use assessment suggests alcohol dependency, father's brother stated that father has no problem with alcohol). Make a determination based on the assessment skills you have, taking into account the merits of each perspective. The household is assessed by completing all areas. If there are two caretakers, each is assessed and given a separate result.

SN1 TO SN12 AND CSN1 TO CSN10

Determine the appropriate response for each area and select that answer. Note the following.

- CSN1 to CSN9 relate to children in the household.
- SN12 and CSN10 are used when a caretaker or child, respectively, has a unique strength or need that relates to imminent risk that is not covered in other areas and is relevant to creating a Family Case Plan. If an individual has a strength, select "a." If there is no additional strength or need, select "b." If an individual has a need not addressed in another area, select "c."

IDENTIFYING AND USING PRIORITY NEEDS AND STRENGTHS FOR CARETAKERS AND CHILDREN

To identify priority strengths and needs for caretakers, consider the answers selected for items SN1 – SN12 in Section 1 (Caretaker Strengths and Needs Assessment) and the answers selected for items CS1 – CS10 in Section 2 (Child Strength and Needs Assessment).

An area may be a strength or need for one or both caretakers. Identify whether the strength or need is for the primary or secondary caretaker or both.

All items answered as "c" (a need) should be strongly considered for inclusion on the Family Case Plan but might or might not be required to be fully resolved for case closure. Items identified as a priority for case closure must be addressed on the Family Case Plan.

All items entered as "a" (a strength) should be considered as potential resources and aids on the Family Case Plan when addressing "c" areas.

Note: An area may be a priority need for one caretaker and a priority strength for another.

FAMILY CASE PLAN

Write the Family Case Plan with behavior-specific goals and objectives that consider and incorporate the caretaker's priority strengths in addressing the caretaker's priority needs. The Family Case Plan should also include service referrals that address the child's needs and take into consideration the child's strengths. It is the caretaker's responsibility to ensure that the child's needs are met through appropriate service provision. If a child is in foster care and the caretaker is unable to meet the child's needs, the agency must meet the child's needs.

PRACTICE CONSIDERATIONS

Completion of the FSNA requires gathering information from all family members and collaterals and performing a review of records. Appendix B offers a way to do this collaboratively, where both caretakers and caseworkers can give impressions about the domains included in this assessment, share results, and have a conversation. This is considered a best practice for completion of this assessment.

The assessment may also be completed or modified during Child and Family Team Meetings (CFTs). The caseworker must be aware of specific interpretations of assessment items and must engage the family in respectful ways to make an accurate assessment. Where it is difficult to distinguish between responses, additional assessment (e.g., psychological, developmental, substance use assessments) may be helpful, particularly if the difference between one rating and another is likely to affect the selection of priority needs.

The FSNA identifies priority *areas* to address in the Family Case Plan. Once those areas are identified, the caseworker may benefit from additional assessment within those areas to identify specific objectives, services, and activities most appropriate for this family. The family's history of service use and willingness to change in these areas should be considered. Family Case Plan goals should be behavior-specific and measurable. If there was a safety plan put in place, any continuing safety intervention requirements likely should now be incorporated into the Family Case Plan.

Once completed, the initial FSNA and the resulting Family Case Plan can be used as a foundation for ongoing conversations about strengths and needs between the caseworker and family members. These conversations can also include a focus on progress in identified areas of need and use of identified strengths and resources to increase child safety, permanency, and well-being. These ongoing conversations, which should be documented in the case record during the service period, then serve to inform formal FSNA updates.

When completing the FSNA for children in out-of-home care, the caseworker should consider observations from family time. While the SDM system does not guide the decision concerning family time in the initial Family Case Plan, the caseworker is encouraged to consider the danger indicators that led to removal, the risk level, and the specific needs of the caretaker and child.

APPENDIX A: HOUSEHOLD FAMILY PERSPECTIVE PRACTICE GUIDANCE

PRACTICE GUIDANCE FOR ASSESSING FAMILY PERSPECTIVE

All families have multiple aspects of self-image and unique community connections that shape child-rearing and family functioning. These provide valuable context to better assess and plan with families.

This is a guide for assessing a family's perspective in practice, both when assessing safety and throughout a case, to learn how family perspectives and community connections shape and influence beliefs and values about child development and caretaking norms and strategies. Attention to the perspectives of *every* family is critical to the development of individualized and strength-based responses.

This guide is a tool to increase understanding of the value and relevance of family perspective and to provide strategies for applying this understanding to casework and decision making regarding child safety and well-being.

When caseworkers set the tone of the relationship and engage families in dialogue about their perspectives from the start, they can build the trust necessary for ongoing casework. Examining aspects of the family and their community can help caseworkers to more accurately identify a family's protective capacities and actions and determine the appropriate threshold for danger indicators in the context of the family and community.

Details to explore include: race; ethnicity; immigration status; socioeconomic status; faith, spirituality, and religion; education; military status; ability status; family history of addiction and mental health; medical background; personality type of each family member; child developmental milestones; caretaking norms in family of origin; etc.

STEP 1: PREPARE TO WORK WITH THE FAMILY

Understand Your Own Biases

- Be mindful of your own beliefs, values, norms, and gaps in knowledge.
- Recognize the limits of your understanding about particular groups.
- Be willing to seek information and advice. Use the resources at your disposal.

- Everyone holds positive and negative biases about various groups that can play out in relationships and in work with children and families. Being aware of these biases and preparing in advance in relation to them can reduce miscommunication with families.
- Stay focused on assessment of imminent risk of serious harm, not complicating factors. For example, avoid unintentionally criminalizing poverty and caretaking norms and values that differ from your personal experiences.

Research and Reflection

- Prior to interviews, try to find out what differences exist between you and the family and learn about any common beliefs and practices relating to caretaking and child protection within the family's community.
  - » Identify the variables you already have fluency with.
  - » Notice community context differences that make you feel uncomfortable or that you are less knowledgeable about.

    Work with your supervisor to identify the communities you have little exposure to or experience with. Then, brainstorm good questions you can ask to learn more before the first interview with the family. Beginning with the understanding that every family values and believes things based on many facets of their perspectives, approach the first interaction with a family with the following goals.
    - – Listen to the family's story while maintaining both your desire to understand and your expertise in assessing safety.
    - – Do so within the family's context by knowing your biases.
    - – Be prepared to use strong inquiry skills.
    - – Prepare to set a positive and open tone that builds a bridge across any difference.
    - – Use this difference as an asset for planning and decision making.
- If family members are immigrants or refugees, contact local support agencies to learn more about the family's country of origin, including its ethnic demography, religion, and migration to and settlement in the United States; and the experience of state-based or interpersonal trauma of families from that country.
- Contact other agency caseworkers or community workers who can share knowledge about family engagement across difference while ensuring the family's confidentiality. Speaking with multiple sources when possible will provide a broader understanding. While general knowledge of particular subgroups is important, we must remember that families are not one-dimensional.

Prepare to Engage

- Remember that the family is the expert about themself and the most important source of understanding the ways that their perspectives influence their functioning, decision making, and assessment of safety and well-being. It is good to think of questions that help you elicit information relevant to the purpose of the assessment; e.g., what families' bedtime routines are; how they express joy, anger or sadness; how they eat meals; and their beliefs about discipline and health.

When you talk about family perspectives through actions, expressions, and activities, families may be able to provide you with more information.

- Be prepared to acknowledge and name the differences between you and the family aloud, including the power differential.
- Seek to understand the family's perspective about their lives and their decision making. Ask "how" rather than "why" when trying to understand their context and beliefs.
- Come from a place of humility and lead the conversation with transparency and a willingness to tolerate any discomfort you may have discussing topics with a family.
- Prepare solution-focused questions to engage each family member and network member to learn as much as you can about their unique characteristics.
- Conversations and engagement about families' beliefs and perspectives should happen consistently throughout the life of the case. Families will share more details over time as trust builds. Each caseworker can build upon the information gathered by the previous one.

STEP 2: FAMILY ENGAGEMENT

Pre-Interview

- If you are aware of the primary spoken language and dialect of the family, this would be a good time to identify key words related to the concern and the child's safety. This does not take the place of a translator but does convey that you are working to make connections, and it can contribute to targeting the conversation.
- If family members speak a language that the caseworker does not, first identify which dialect of the language the family speaks and then identify a professional interpreter who is fluent in the same dialect to support navigating conversations with the family. When possible, use the same interpreter every time you meet. Allow the family to determine if the translator would be in person or by phone.
- Use the tools available to you such as the ecomap, Circles of Safety and Support, and genogram to understand how family members define their safety network and community of peers. This is a valuable piece of information for ongoing assessment and planning.
- Ask the family if they would like to invite anyone from their family group or network, church, or community to attend (e.g., tribal elder, faith leader, community representative).

During the Interview

- Use clear, plain language. Avoid acronyms, long sentences, informal English phrases and idioms, unnecessary detail, and professional jargon.
- Name and acknowledge the differences between you and the family and share your commitments. For example:

"By law, DSS has to make sure families are safe, and we want to do that together with your family in a way that you understand and that helps you feel I understand you. I recognize that DSS has the power to involve the court system, push you to do things that may not be easy to do, and make decisions that may feel bad or hurt you. This can be scary and feel threatening to you and your family."
"I want to hear what you need and want to be sure that your child is safe. I want to work with you to keep your family together and get any resources and support you may need to do this. DSS has the power to make decisions about your family, and that can feel scary and intimidating."
"I am committed to being transparent with you and your family about my work and to making sure you have a say in what happens. I am also committed to learning about your family and how that shapes how you run your household and raise your kids."

- Pay attention to family members' cues. If the family seems uncomfortable discussing aspects of their perspectives for fear of judgment, family network dynamics related to information-sharing or perhaps intimate partner violence, or confusion: Break the conversation down into smaller parts, being clear about the concern at hand and the specific options to resolve it. Allow the family time and space to share more about themself and their day-to-day life; the family is the expert on their story, and you taking the time to understand them allows them to know that you care about them.
- Create a safe space for youth by taking the time to ask where they would like to meet and what would help them to be more comfortable participating in this process. Allow time for them to ask questions that will help to build the bridge of communication.
- Pay attention to both process and content for yourself and the youth. For yourself: Be aware of your nonverbal reactions, especially if a youth discloses something different from what you anticipated. Your reaction can shift the dynamics of the conversation. For the youth: Be aware of their nonverbal reactions as they share information. For example: The youth may say that they are doing great and want to stay in a home; but their nonverbal reaction could be a sad affect that signals the opposite.

  "Hey there, I am Jill. I generally like to be called Jill rather than Miss Richard, and definitely not Mrs. Richard though sometimes I am called Mrs. Richard because that's what feels best to others. I can be flexible but certainly prefer Jill. I want to learn more about you as we work together, about all different parts of you and your life. As we discuss what led to our meeting, I will try to understand more about you and what is important to you. I will also share a bit about me when it seems important so we can develop a good working relationship. This okay with you?

  Sample Questions

  » What name would you like me to call you? I go by _____.
- Stay curious and explain that you will ask multiple questions, even when it seems obvious, to better understand their unique family perspectives and how it connects to household functioning and caretaking practices.

  Sample Questions

  » How would you describe parenting or caretaker practices or norms that are important to you?
  » Are they connected to your family history in a way that you want me to know about? How do they show up in your day-to-day life?
  » Are there any other aspects of your family's values and norms that you think would help me better understand where you are coming from?

- Be prepared to articulate the connections between their values, norms, and activities; and the impact on their child's safety and well-being. For example, when a family talks about protecting privacy and you assess that there is a multigenerational tradition of secrecy, explain that when families can learn to trust other people, they can feel less isolated and more supported in making behavioral changes that will increase child safety.
- Summarize what you learned from the family and ask whether you got it right.

STEP 3: PLANNING

In Home

- Adopt a supportive role where possible and provide assistance in the form of concrete, relevant services as quickly as possible, whenever possible.
- Ask families what has worked or not worked for them in the past and, if appropriate, their preferences for any actions they can take to increase safety.
- Include action steps, with behavioral detail, to mitigate danger indicators on the plan—not just a list of services (which go on the Family Case Plan) or vague expectations. Consider details of *how* the caretaker will demonstrate the actions in daily caretaking activities in ways that are specific and relevant—and how network members can support them. Families will struggle if asked to conform to social expectations outside of their own; allow them to explore action steps that promote change and healing that they relate to and connect with.
- Facilitate a conversation to help families identify their safety networks using the Circles of Safety and Support tool and support network grid.
- Include key words in the family's language.
- Include network members in the plan to provide emotional support and monitoring functions.

Out of Home

- When out-of-home care is necessary, work diligently within the family's community to identify a foster parent. Provide an interpreter for the family when the foster parent's language is different from the caretaker's.
- Ask the child what information about themself they would like to remain confidential. Unless provided with explicit permission to share and document information about a youth, ensure that their identity is not documented anywhere that will be shared with others.
- Create icebreaker opportunities for the caretaker and foster parent to meet when possible to help the foster parent better understand what the child needs in order to remain connected to their community while in care. *Provide an interpreter for the family when the foster parent's language is different from the caretaker's*.

- Ask the foster parent to share insight about their family perspectives or community. The child will have cross-community experiences at this point even if, for example, the resource family is the same race/ethnicity as the family of origin.
- Arrange family time with consideration of what is important to the family, supporting the family to engage in rituals, traditional gatherings, and celebrations. With the family's permission, reach out to leaders or organizations in the community to learn more about the family's community context to ensure that contact between the child and their community remains a priority, e.g., child can attend faith-based services with a relative; have regular sibling visits; or participate in birthdays, traditional holidays, or the annual family reunion.
- Help the resource family learn about the family's perspectives and background. Ensure they are committed to upholding its values and supporting the child's connection to their community of origin, ethnic, and racial identities; create a plan to support any disconnects or gaps. For example, if the child comes from a family that is atheist and is placed with a family that participates in faith-based activities, create a plan that allows the child and family to respectfully coexist without the child being labeled "noncompliant" or "oppositional."

STEP 4: DOCUMENTATION

Caseworkers are expected to document how the family identifies along with how their beliefs and values affect their caretaking norms, child safety, and well-being. Caseworkers must summarize these discussions and what they learned (rather than guessing or assuming) and share how an understanding of the family's values and norms is incorporated into assessment and planning throughout the life of a case. Here are a few tips for behavior-oriented detailed documentation.

- Include the questions asked during interviews with caretakers, network members, and collaterals.
- Write how the family identifies in each detail inquired about. Never guess an aspect of a family's perspectives (country of origin, ethnicity, race, religion, etc.).
- When documenting family perspectives, summarize the connections between the family's various beliefs and values and their caretaking norms and behaviors.
- For example: Mom identifies racially as White; ethnically, she is Irish and French. She stated that she grew up in a strict fundamentalist Christian home, went to church weekly, and was physically disciplined as a child with a wooden spoon that often left marks on her behind. Her parents always said, "The Bible says spare the rod, spoil the child." She feels that she turned out fine, so she has continued using the same discipline with her own children.
- Be explicit about how a safety plan or Family Case Plan was made to be specific to the family's perspectives.

  Safety Plan Examples

  » The family relies on their congregational church pastor for counseling and advice when struggling with poverty and the father's drinking. The pastor agreed to be part of the family's safety network and will be part of the safety plan.

Family Case Plan Action Examples

- » Mom is Buddhist and prefers Eastern medicine practices. She has always counted on her Reiki practitioner to help her maintain sobriety, so going to Reiki at least once every two weeks is now included in her Family Case Plan activities.
- » Kimberly's foster parents agree to support her Marshallese connections by transporting her to Marshallese language classes.

- Document how a caretaker is attending to the child's community connections and beliefs and helping them to remain connected. For example: The foster parents attend Catholic Mass on Sundays and have given Levi the option to attend Shabbat with a Jewish family friend on either Friday night or Saturday morning. When the resource family is at Mass, Levi has a babysitter or stays with the family's neighbor. Levi's parents have expressed gratitude that they are not forcing him to attend Mass with them and that he can maintain his Jewish faith and traditions.

APPENDIX B: STRENGTHS AND NEEDS FAMILY WORKSHEETS

STRENGTHS AND NEEDS ASSESSMENT: CARETAKER WORKSHEET

This worksheet helps the family and caseworker to discuss critical areas that could be impacting the family. Consider whether these areas are strengths or barriers for the family and begin to work on a plan together.

Consider each of the following areas about the caretaker.

In the following categories, indicate whether the area is:

A. A strength in relation to family functioning
B. Neutral, or neither a strength nor a barrier to family functioning
C. A barrier to family functioning

ITEM	CARETAKER ANSWER (A, B, C)	CASEWORKER ANSWER (A, B, C)
Emotional/Mental Health		
Caretaking Skills and Practices		
Substance Use		
Basic Needs		
Resource Utilization		
Household Relationships		
Domestic Violence		
Social Support System		
Physical Health and Wellness		
Coping Skills		
Challenging Child Characteristics		
Other Strengths and Needs	Describe:	Describe:

STRENGTHS AND NEEDS ASSESSMENT: CHILD WORKSHEET

This worksheet helps the family and caseworker to discuss critical areas that could be impacting the family. Consider whether these areas are strengths or barriers for the child and begin to work on a plan together.

Consider each of the following areas about the children in the family. Complete one of these worksheets for each child you have concerns about.

In the following categories, indicate whether the area is:

A. A strength in relation to child well-being;

B. Neutral, or neither a strength nor a barrier in helping to create child well-being;

C. A barrier to child well-being.

ITEM	CARETAKER AND/OR CHILD ANSWER (A, B, C)	CASEWORKER ANSWER (A, B, C)
Family of Origin Relationships		
Social Relationship and Skills		
Relationships with Caretakers[2]		
Physical and Cognitive Development		
Emotional/Behavioral Health		
Physical Health		
Substance Use		
Life Skills[3]		
School/Employment/Day Program		
Other Strengths and Needs	Describe:	Describe:

[2]Only complete if child is in care.

[3]Do not complete if child is age 14 years or older and in care.